



## Recipient Information

### 1. Recipient Name

CARE RESOURCE COMMUNITY HEALTH  
CENTERS INC  
3510 Biscayne Blvd FL 3rd  
Miami, FL 33137-3840

### 2. Congressional District of Recipient

24

### 3. Payment System Identifier (ID)

### 4. Employer Identification Number (EIN)

### 5. Data Universal Numbering System (DUNS)

### 6. Recipient's Unique Entity Identifier (UEI)

### 7. Project Director or Principal Investigator

Mr. Douglas Steele  
dosteele@careresource.org  
305-576-1234 x 358

### 8. Authorized Official

Dr. Steven Santiago  
Chief Executive Officer  
ssantiago@careresource.org  
305-576-1234 x 234

## Federal Agency Information

CDC Office of Financial Resources

### 9. Awarding Agency Contact Information

Mrs. Benita Bosier-Ingram  
Grant Management Specialist  
ula8@cdc.gov  
404-638-7434

### 10. Program Official Contact Information

Rupa Patel  
Program Officer  
ntw4@cdc.gov  
404-498-5224

## Federal Award Information

### 11. Award Number

6 NU62PS924781-03-04

### 12. Unique Federal Award Identification Number (FAIN)

NU62PS924781

### 13. Statutory Authority

Sections 301 and 318(b) of the Public Health Service Act; 42 USC Sections 241 and 247c(a), as amended

### 14. Federal Award Project Title

Project sTrenGth (Status-neutral Transgender-serving Organizations Ending Together HIV)

### 15. Assistance Listing Number

93.944

### 16. Assistance Listing Program Title

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

### 17. Award Action Type

NGA Revision

### 18. Is the Award R&D?

No

## Summary Federal Award Financial Information

19. Budget Period Start Date 06/30/2024 - End Date 06/29/2025

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$0.00

20b. Indirect Cost Amount \$0.00

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$500,000.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$500,000.00

26. Period of Performance Start Date 06/30/2022 - End Date 06/29/2026

27. Total Amount of the Federal Award including Approved  
Cost Sharing or Matching this Period of Performance \$1,599,164.00

### 28. Authorized Treatment of Program Income

ADDITIONAL COSTS

### 29. Grants Management Officer - Signature

Ms. Stephanie Latham  
Team Lead, Grants Management Officer

## 30. Remarks



Centers for Disease Control and Prevention

Award# 6 NU62PS924781-03-04

FAIN# NU62PS924781

Federal Award Date: 02/11/2025

### Recipient Information

#### Recipient Name

CARE RESOURCE COMMUNITY HEALTH  
CENTERS INC

3510 Biscayne Blvd FL 3rd

Miami, FL 33137-3840

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#### Congressional District of Recipient

24

#### Payment Account Number and Type

[REDACTED]

#### Employer Identification Number (EIN) Data

[REDACTED]

#### Universal Numbering System (DUNS)

[REDACTED]

#### Recipient's Unique Entity Identifier (UEI)

[REDACTED]

#### 31. Assistance Type

Cooperative Agreement

#### 32. Type of Award

Other

### 33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$202,569.00
b. Fringe Benefits	\$56,763.00
c. Total Personnel Costs	\$259,332.00
d. Equipment	\$0.00
e. Supplies	\$12,618.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$60,000.00
i. Contractual	\$115,000.00
j. TOTAL DIRECT COSTS	\$446,950.00
k. INDIRECT COSTS	\$53,050.00
l. TOTAL APPROVED BUDGET	\$500,000.00
m. Federal Share	\$500,000.00
n. Non-Federal Share	\$0.00

### 34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9390JT6	22NU62PS924781	PS	41.51	93.944	\$0.00	75-22-0950
3-9390JT6	22NU62PS924781	PS	41.51	93.944	\$0.00	75-23-0950
4-9390JT6	22NU62PS924781	PS	41.51	93.944	\$0.00	75-24-0950



Centers for Disease Control and Prevention

Award# 6 NU62PS924781-03-04

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Federal Award Date: 02/11/2025

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

## **AWARD ATTACHMENTS**

CARE RESOURCE COMMUNITY HEALTH CENTERS INC

6 NU62PS924781-03-04

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1. Terms and Conditions

**TERMS AND CONDITIONS OF AWARD**

In compliance with the Temporary Restraining Order issued on January 31, 2025, in the United States District Court in the District of Rhode Island, the purpose of this amendment is to **rescind** the **Termination** Notice of Award issued January 31, 2025.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.